U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:  3. Name Javas   Javas Ja	1. File Number U - 6507	
A Name and address of labor organization.  Name Javas Louis Plateres's *Cement Masons* Local Labor Organization File Number [8] \$13.  P.O. Box, Bidg., Room No., if any  Interest S. Position in labor organization.  Director of Apptratuses /Business Agent  Enter appropristo data balow it, during the peat flacal year, you or your spouse or minor child directly or indirectly had any of the following interests (extent appropristo data balow it, during the peat flacal year, you or your spouse or minor child directly or indirectly had any of the following interests (extent appropristo data balow it, during the peat flacal year, you or your spouse or minor child directly or indirectly had any of the following interests (extent appropristo data balow it, during the peat flacal year, you or your spouse or minor child directly or indirectly had any of the following interests (extent appropristo data balow it, during the peat flacal year, you or your spouse or minor child directly or indirectly had any of the following interests (extent appropristo data balow it, during the peat flacal year, you or your spouse or minor child directly or indirectly had any of the following interests (extent appropristo data balow it for following interests (extent appropristo data balow it following interests (extent appropriate to the interests).  A Hadd an interest in, engaged in transactions (including balows appropristo data balows in the interest on	1. File Nulliber V - 2	2. Fiscal Year Covered From:
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Labor Organization File Number (1833)  P.O. Box, Bidg., Room No., if any  Street  Street  Street  Street  Street  Street  Street  City  Street  Street  Street  Street  Street  Street  Street  City  Street	Name and address of person filing.	
P.O. Box, Bidg., Room No., if any  P.O. Box, Bidg., Room No., if any  Street	Name James A. Miller	Name Plusterers' + Cement Masons' Local
Street 5660 FCR WICK Rd Street BSD Rear Number, it entry  City Beyans Rd City Washington DC.  State MD: ZIP Code +4 20616 State ZIP Code +4 20619  5. Position in labor organization.  DIFECTOR of Applicatives   Business Agent  Enter appropriate data below if, during the past facel year, you or your apouse or minor child directly or indirectly had any of the following Interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including Islans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  6. Name and address of Employer (including trade name, if any).  Name:  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  T.b. Amount.  Street:  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned sknowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		Labor Organization File Number 8/83/3
City Beyans Ad City Washington DC.  State MDc. ZIP Code +4 20616 State ZIP Code +4 20616 State ZIP Code +4 20619  5. Position in labor organization.  Diffector of Apprentices / Business Agent  Enter appropriate data below it, during the past flacal year, you or your apouse or minor child directly or indirectly had any of the following interests (except as epecified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monostary value from an employer whose employees your organization represents or is actively seeking to represent.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  7.a. Nature of interest, Transaction, or income.  Von C  15. Amount.  16. Signature  17. Amount.  Street  18. Signature and verification. The undersigned declares, under possity of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)  Signed  Aug. Aug. Aug. Aug. Aug. Aug. Aug. Aug.	P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
City Bryans Rd	Street 5680 Fenwick Ad	Street 15/7 Kenilworth Ave. NE
5. Position in labor organization.  Director of Apprentices   Business Agent   Enter appropriate data below if, during the peat flacel year, you or your apouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including iosna) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  7.b. Amount.  Street  Signature  15. Signature and varification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	City Bryans Ad	, <b>1</b>
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Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  6. Name and address of Employer (including trade name, if any).  7.a. Nature of interest, Transaction, or income.  7.b. Amount.  7.b. Amount.  7.b. Amount.  Street  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)  Signature  On 7-5-05 202-398-3858	5. Position in labor organization.  Director of App	
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Date Telephone Number	A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizates. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street  City  State  ZIP Code + 4  Signature and verification. The undersigned declares, under penalty of F submitted in this report (including the information contained in one of the penalty of F submitted in this report (including the information contained in one of the penalty of F submitted in this report (including the information contained in one of the penalty of F submitted in this report (including the information contained in one of the penalty of F submitted in this report (including the information contained in one of the penalty of F submitted in this report (including the information contained in one of the penalty of F submitted in this report (including the information contained in one of the penalty of F submitted in this report (including the information contained in one of the penalty of F submitted in this report (including the information contained in one of the penalty of F submitted in this report (including the information contained in one of the penalty of F submitted in this report (including the information contained in one of the penalty of F submitted in this report (including the information contained in one of the penalty of F submitted in this report (including the information contained in one of the penalty of F submitted in this report (including the information contained in the penalty of F submitted in t	derived income or other economic benefit of on represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.  7.b. Amount.
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Name of Person Filing Lames A. Milen	File Number U-
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.	
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name	a. Labor Organization
Trade Name, if any:	b. Trust
P.O. Box, Bldg., Room No., if any	***
Street	C. Employer
City City	
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	- L
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
City -	12.a. Nature of interest held or income received.
State ZIP Code + 4	
	12.b. Amount.
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.
(including trade name, if any).	Out to Dinner
Name Amalgamated Bank	
Trade Name, if any: Cement Mason Local 891	
P.O. Box, Bldg., Room No., if any	
Street 1825 K. 57 NW	
Chy Washington DC.	
State ZIP Code + 4 20006	And the second control of the contro
13.b. is the Business an Employer or Consultant ?	14.b. Amount of payment.
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